

## CONTACT INFORMATION

**BUSINESS NAME:** \_\_\_\_\_

**ADDRESS / POSTAL CODE:** \_\_\_\_\_

**ALL CORRESPONDENCE FROM THE PARITY COMMITTEE** to our company should be sent to :

\_\_\_\_\_  
Name, first name

\_\_\_\_\_  
phone number

\_\_\_\_\_  
email address

### CLAIMS

\_\_\_\_\_  
Name, first name

\_\_\_\_\_  
phone number

\_\_\_\_\_  
email address

### MONTHLY PAYROLL REPORT AND LEVY

\_\_\_\_\_  
Name, first name

\_\_\_\_\_  
phone number

\_\_\_\_\_  
email address

### EMPLOYEE'S COMPLAINTS

\_\_\_\_\_  
Name, first name

\_\_\_\_\_  
phone number

\_\_\_\_\_  
email address

 **THIS DOCUMENT MUST BE SIGNED BY AN ADMINISTRATOR, OWNER OR PARTNER OF THE BUSINESS**  
AND BE RETURNED BY EMAIL : **formulaire@cpasecurite.qc.ca**

Type of business : business corporation  sole proprietorship  general partnership (s.e.n.c.)  other \_\_\_\_\_

\_\_\_\_\_  
Name (block letters)

\_\_\_\_\_  
Signature / date

**RESERVED FOR CPAS**

**# D'EMPLOYEUR :** \_\_\_\_\_

**APPROUVÉ PAR :** \_\_\_\_\_

**DATE :** \_\_\_\_\_